

**Dallas Landmark Commission
Landmark Nomination Form**

1. Name

historic: Good Samaritan Hospital

and/or common:

date: 1921

2. Location

address: 4526 Leland Avenue, Dallas, TX 75215

location/neighborhood: Wilson's Subdivision

block: 2 **lot:** 7 **land survey:** **tract size:** 7,500 sq ft

3. Current Zoning

current zoning: MFR-Apartments

4. Classification

Category	Ownership	Status	Present Use	<u> </u> museum
<u> </u> district	<u> </u> public	<u> x </u> occupied	<u> </u> agricultural	<u> </u> park
<u> X </u> building(s)	<u> x </u> private	<u> </u> unoccupied	<u> x </u> commercial	<u> x </u> residence
<u> </u> structure	<u> </u> both	<u> </u> work in progress	<u> </u> educational	<u> </u> religious
<u> </u> site	Public	Accessibility	<u> </u> entertainment	<u> </u> scientific
<u> </u> object	Acquisition	<u> x </u> yes:restricted	<u> </u> government	<u> </u> transportation
	<u> </u> in progress	<u> </u> yes:unrestricted	<u> </u> industrial	<u> </u> other, specify
	<u> </u> being considered	<u> </u> no	<u> </u> military	<u> </u>

5. Ownership

Current Owner: Bertha Baker and Vanessa Baker

Contact:

Phone: 214 532 8923

Address: 4526 Leland Avenue

City: Dallas **State:** TX

Zip: 75215

6. Form Preparation

Date: 1 August 2010

Name & Title: Vanessa Baker in collaboration with Katherine Seale and Daron Tapscott

Organization: Preservation Dallas

Contact: Katherine Seale

Phone: 214. 821 3290

The Good Samaritan Hospital was built in 1920 in Wilson's Subdivision of the Reeves South Side Addition. It replaced an earlier structure from 1910 by the same owner, Mr. and Mrs. Ernest Shultze.¹ The hospital faces west and its current address is 4526 Leland Avenue. The building was expanded in multiple phases beginning in 1933 and ending with a small addition in 1957.

Today, the building retains its original Prairie foursquare shape beneath a hipped roof on a raised brick foundation. The front façade features an inset brick porch with four square columns and a heavy balustrade. The exterior is sheathed in stucco. Three sets of paired one-over-one wood windows appear on the second-story. The entrance is off-set with one-over-one windows on either side.

The front yard is enclosed with a four-foot iron fence. To the left of the front sidewalk are the remnants of a small water feature fountain from the mid to late 1930s.²

Historic photographs, oral interviews, newspaper articles, and Sanborn Insurance maps help piece together a timeline for the various alterations and additions. An early photograph, taken just a few years after the building's construction, shows the foursquare was originally lap siding and featured a simple wood porch with a shed roof. The first story is unchanged, but the original second-story is revealed showing the original lap siding and three sets of one-over-one windows, a single window to the left and center, and a set of three windows to the right. A sign advertising The Good Samaritan Hospital is seen perched on the porch roof, below the set of three windows (Figure 1).

A second historic photograph, presumably taken a few years later, shows the removal of the white picket fence, and the addition of small plantings in the front and side yard (Figure 2). The Good Samaritan sign is seen in the same locations. Leland Avenue and Southland Street are still unpaved.

Sometime between the late 1920s and 1933, the original wood porch was removed and replaced with the brick porch that remains today, and a second-story was extended over the front porch. Three sets of paired windows were added. A new free-standing marquee was located at the corner of the lot, visible from both Leland Avenue and Southland Street. There is physical evidence that a rear addition was also made, although it is unclear how large.

Then in 1933 a major addition was made, roughly tripling the size of the hospital. A newspaper article dated February 19 of that year announced "(t)hese new accommodations serviced a larger population, as it renders treatment to the general public, charity patients, the aged and the infirm." The enlargement provided "35 beds, of which 14 were in well-equipped private rooms."³ The upgrade also included an upstairs operating room, a delivery room, and a downstairs laboratory.⁴ Historic photographs corroborate the article, showing the major rear addition. In one image taken

¹ Building Permit Archive, Dallas Public Library

² Interview with Tina Schutlze Smith, December 2010, conducted by Vanessa Baker.

³ Dallas Morning News, *General Service Opened at Good Samaritan Hospital*, Section 1, pg. 11, 1933-02-19

⁴ Ibid.

of the front façade, five nurses are standing on the steps of the hospital beneath a large sign (Figure 3). The image also shows the addition of a Venus de Milo statue standing in the bird fountain (Figure 4).⁵

The south side of the building, facing Southland Street, reflects the building's multiple additions. Like the front façade, the south side is wood lap siding covered with stucco. The original building is punctuated with one-over-one, double-hung wood windows.

The middle part of the addition included a second entrance to the hospital, facing Southland Street, which would eventually become the main entrance to the hospital. The Harwood Line streetcar ran down Southland Street, and stopped at the intersection of Southland and Leland and it seems likely that the main entrance was moved for increased visibility. The 1933 entrance consisted of a small gabled porch, which is now missing, and a wooden staircase, now steel. A large boxy addition was created in the rear and included an open-air loggia supported by brick columns, and a second floor ward. The second floor's one-over-one, double-hung windows still exist. The second floor loggia was enclosed in 1941 with six-over-six windows. A 1941 building permit was issued for new front and rear stairs as well as the conversion of windows to doors.

In 1957, new owners Bertha and James Baker made a small ground-level addition, adjacent to the side entry. At this time the wood stair was repaired and re-configured with the current day steel stair.

The north side of the building was never stuccoed, and still retains the original lap siding and one-over-one, double-hung wooden windows. A 6-inch indentation, one bay wide, remains from the second addition. The open-floor loggia was subsequently enclosed.

The east façade, or rear of the property, is stuccoed, with ribbon, one-over-one wooden windows across the back.

The Good Samaritan Hospital is one of the only historic commercial buildings in the area that has a streetcar stop for the Harwood Line that connected South Dallas to downtown.

⁵ Dallas Public Library Photo Archives of Good Samaritan Hospital, PA2006-3-1.

13. Historical Significance

Statement of historical and cultural significance. Include: cultural influences, special events and important personages, influences on neighborhood, on the city, etc.

The Good Samaritan Hospital began as a small community-centered hospital, owned and operated by German immigrant Martha Schultze. Martha's husband, Ernest Schultze (Figure 5), purchased the property in 1910. He was listed in the 1911 City of Dallas Directories as a grocer. The directory did not list an address, simply the north east corner of Leland at Southland. The property continued to be listed as the home of Ernest Shultze Sr. and Ernst Schultze Jr. until 1915 when Martha Schultze first appears as a nurse residing at the property (Figure 6).

In 1921, the original 1910 structure was replaced with the current building (Figure 7). The following year, Ernest Schultze deeded the property to his wife.⁶ According to City Directories, the primary purpose of the hospital, which was listed as 4618 and later 4526 Leland Avenue, was a birthing clinic. One hundred sixty-eight births were accredited to Good Samaritan Hospital in the Dallas Morning News *Birth Announcements* section from March 1938 to October 1940.⁷ This count does not include the births that resulted in adoptions. Many of the hospital's pregnant patients were unwed charity cases. Their condition was kept secret.⁸ Another population served was wealthy unwed mothers. Their condition was kept secret. To maintain anonymity for the wealthy patients, letters were fabricated, sent in bulk to Europe, and then returned to family and friends with detailed accounts of traveling with friends and seeing the sights.⁹ The babies were adopted through Hope Cottage¹⁰, and Dallas agencies¹¹ allowing the young mothers to return to school or home.

In 1929, Martha and Ernest Schultze's son, Ernest Walter, married 16-year-old Gertrude (Tudie) Klempin.¹²

The hospital was enlargement between 1932 and 1933 to include more beds; a "completely equipped operating room," in addition to the existent delivery room; and a lab (Figures 8). Along with caring for maternity patients, it rendered treatment to the general public, charity patients, the aged and the infirm.¹³ Ernest Walter Schultze operated the lab at Good Samaritan and his wife, Tudie, was a nurse. Good Samaritan Hospital closed in 1945.

During the early 1950s, the building had a second life as a residential hotel for African Americans. South Dallas was one of the areas targeted for change. As Blacks moved to what had been an all white South Dallas, some residents were not receptive, and some took extreme measures to prevent any possibility of having African American neighbors.

⁶ Dallas County Texas, Deed of Records, Warranty Deed, Volume 945, Page 190; Filed 5-17-22.

⁷ DallasNews.com Historical Archives–1885-1977, *Birth Announcements*, March 1938-October 1940.

⁸ Interview with Tina Schultze Smith January 2009, conducted by Vanessa Baker.

⁹ Oral History shared by Martha Schultze to Bertha Baker during the sale transaction of Good Samaritan., 1951.

¹⁰ Kathy Cobb, Hope Cottage Pregnancy and Adoption Center, Director of Post Adoptions, Interview conducted by Vanessa Baker.

¹¹ Interview with Tina Schultze Smith, January 2009, conducted by Vanessa Baker.

¹² Klempin Recorded History, Klempin/Schultze Photo Album.

¹³ DallasNews.com Historical Archives–1885-1977, *General Service Opened at Good Samaritan*, 1933-02-19 > Sec:

In the summer of 1951, over an 18-month period from 1950 to the summer of 1951, a 42-year old clothes presser, Claude Thomas Wright, resided at 4522 Leland, next door to the hospital. Wright admitted to taking part in five bombings on the African American community.¹⁴ Piqued by curiosity, James L. Baker and his wife, Bertha, drove to see the bomber's house. Next door to it, they saw a 'For Sale' sign in front of the former hospital. The Bakers purchased the old Good Samaritan hospital, closing on it the day before Mrs. Baker gave birth to her fourth child, VonCiel. Years later, Mrs. Baker recalled, "Ironically, Mr. Wright became the best neighbor."¹⁵

Today, the home is still owned by Mrs. Baker and her youngest daughter Vanessa.

MARTHA SCHULTZE Biography

Born in Solengen, Germany in 1879, Martha Horsch Schultze (Figure 8), was the first of 12 children. There seems to be no recorded or remembered history of Martha's childhood and young adulthood while she lived in Germany, nor is her parental history available; however, two significant facts are known. While in Germany, she received her training in the field of nursing, a skill she employed as a life career when she migrated to the United States; and while in Germany, she met Ernest Schultze of Dusseldorf, Germany. Ernest was reportedly in love with Martha's sister, Millie, yet Martha and he wed. The story behind the decision that led to Ernest and Martha's union has also been lost.

Martha and Ernest Schultze came to Dallas, Texas, around 1908. She secured employment in the field of medicine as a Registered Nurse in Dallas hospitals. On February 3, 1910, Ernest and she purchased property at 4526 Leland Avenue, at the corner of Leland Avenue and Southland Street, south of downtown Dallas. This property had been recently annexed to the city. A structure that would serve as their home was soon erected. In 1909, when Ernest was 26 years of age and Martha 30, they had a son, Ernest Walter Schultze (Figure 9). Ernest and Martha lived as husband and wife for several years before divorcing.

After Ernest and Martha divorced, Ernest deeded their home to Martha and moved to South Texas. In 1920, after 12 years of private duty nursing and working in hospitals, Martha opened the doors of the Leland Avenue property as the newly established *Good Samaritan Hospital*, a community service entity that specialized in maternity-related cases. Many births were to unwed mothers.¹⁶ During the first half of the twentieth century, unwed mothers were often stigmatized, and many women gave their children up for adoption. In some cases, unwed mothers abandoned their babies to the streets.¹⁷ In a few cases, unwed mothers were incarcerated and sterilized.¹⁸ Martha Schultze recognized this critical social concern, and privately addressed it. The German immigrant opened the *Good Samaritan* to balance the scales. She nurtured these clients and provided shelter and anonymity to them until their babies were placed in homes through Dallas' Hope Cottage and other Dallas adoption agencies. The maternal treatment she provided to this population was the foundation of her business.

¹⁴ DallasNews.com Historical Archives–1885-1977, *Suspect Tells Officers of Part in Bomb Plot*, 1951-07-14, p3.

¹⁵ Interview with Bertha Baker conducted by Vanessa Baker, March 2008.

¹⁶ Interview with Tina Schultze Smith conducted by Vanessa Baker, October 2008.

¹⁷ Hope Cottage Pregnancy and Adoption Center. History.

¹⁸ Luker, Kristin. *Dubious Conceptions: The Politics of Teenage Pregnancy*.

Good Samaritan Hospital appears to have been very successful. Martha Schultze moved to 1808 Park Row in what is now South Dallas' South Boulevard-Park Row Historic District. Between 1932 and 1933, she oversaw a major renovation of the Good Samaritan Hospital (Figure 10), and hired three registered nurses, two student nurses, and several helpers to broaden the facility's services beyond maternity needs. *Good Samaritan* rendered treatment to the general public, charity patients, the aged and the infirm—many of whom society had discarded. A *Dallas Morning News* article described her support as that which reached “a lot of charity patients.”¹⁹ Martha Schultze's granddaughter, Ernestine (Tina) Schultze Smith (Figure 11)—the only living descendant of the Schultze lineage—remembers her grandmother taking care of many who could not pay. Martha Schultze “had a chair in the upstairs hall where she sat many nights keeping watch on patients. The girls who worked in the kitchen area were pregnant, unwed and needed help. She gave them a home and then arranged to have their babies adopted.”²⁰

A pioneer in her field, Martha Schultze applied for a license to expand her maternity and nursing care services to include the 1808 Park Row residence, but the city denied her petition.²¹ She continued to manage Good Samaritan until 1945 when she could no longer keep a nursing staff due to the demand of World War II. After the hospital closed, Martha Schultze converted the structure into a multi-tenant apartment complex and operated it until 1951 when she sold it to James L. and Bertha Baker.

For 25 years, in a country where Schultze had not received citizenship, this German immigrant recognized the needs of a discarded population, and operated a facility that addressed the call. Schultze became a United States citizen on March 12, 1947 (Figure 12).²² When she left the *Good Samaritan* in 1951, she resided in the Lawnview area of Dallas. Her daughter-in-law, Mrs. Ernest Walter Schultze, cared for her after she had a stroke. Martha Schultze passed away in May, 1966, at the age of 87, survived by her son and daughter-in-law, Ernest Walter and Gertrude (Tudie), and their two children, Donald W. and Ernestine (Tina) Schultze.²³ Martha's former husband, Ernest, had passed in 1958.²⁴

BERTHA BAKER Biography

Born in Haynesville, Louisiana on February 12, 1917, Bertha Evans was the only child of 13-year-old Ola Sims. Ola, the oldest of nine siblings, had been raped. In rural Louisiana at that time, an African American man was not held accountable for such action, yet the law allowed the child to take his surname, thus Ola Sims' daughter was named Bertha Evans. 18 months after Bertha was born, her mother passed away from complications of the influenza virus that swept through America after World War I. Bertha Evans was reared by her grandmother, Agnes Sims, who had lost her husband

¹⁹ DallasNews.com Historical Archives–1885-1977, Samaritan Hospital Quarters Enlarged, 1932-01-16 Sec: II Page One.

²⁰ Interview with Tina Schultze Smith conducted by Vanessa Baker, June 2008.

²¹ DallasNews.com Historical Archives–1885-1977, *Good Samaritan Home Application Refused*, 1934-05-19, Sec: I Page Five.

²² DallasNews.com Historical Archives–1885-1977, *Naturalization Granted to 55*, 1947-03-13 Sec: II Page Eleven.

²³ DallasNews.com Historical Archives–1885-1977, *Mrs. Martha Schultze*, (1966-05-10), Sec: D, Page 18

²⁴ DallasNews.com Historical Archives–1885-1977, *Deaths and Funerals* (1958-02-09), Section: Part 3, p 3

only six months before Ola passed. Agnes Sims reared her granddaughter with her nine remaining children.

Agnes Sims' family worked her father's 40-acre farm in rural Haynesville, a land grant he received at slavery's end. She and her extended family worked the land until 1929 when it was confiscated for delinquent taxes.²⁵ Agnes Sims and her children moved to town seeking domestic work until the 1933 Texas oil boom when the family moved to Kilgore, Texas. When Bertha finished her formal education, she worked in restaurants and as a domestic. Never satisfied with that condition, she took employment in the local hospital, cleaning the nurses' quarters and preparing diet trays for patients.

With the onset of World War II, many nurses left for the war. Bertha trained to become a nurse's aid. Friends encouraged her to move to Dallas where the salaries were better. In 1941, she joined the staff at Dallas' Parkland Hospital, but the following year, began work manufacturing airplane parts for the war effort. Once the war ended, she returned to Parkland and became a certified Licensed Vocational Nurse.

In 1944, Bertha married a Navy serviceman, Stanley Mason, who was from Hot Springs, Arkansas. They remained married until 1947.

Bertha's first daughter, Velorian, was born in 1946. When the young mother became pregnant with her second child, Vetia, in 1948, and had no childcare system in place, she consulted the advice of her pastor who suggested that she apply for the government's Welfare program. The divorced mother would not go on Welfare; instead, she asked what she should do to start a business keeping children. Her pastor advised her to acquire an official business license through the City of Dallas.

At city hall, the representative sent her to a downstairs window for a *Beer License*. Bertha informed the clerk that she wanted a license to keep children, not sell beer; she was told that there were no licensed facilities in Dallas for *colored* children. Bertha's persistence prevailed, and in October of 1948, Bertha received a permit for the first licensed African American nursery in the city of Dallas, *Mason's Lullaby Nursery*.²⁶

Bertha took the funds she had saved while building airplane parts to start her business. She renovated her home, and a neighbor's son printed a sign on a cardboard box. Two hours later, the first child enrolled. Word quickly spread, and the next day Bertha had four babies in the newly established, *Mason's Lullaby Nursery* at 2714 Cochran Street in the Thomas and Hall Streets community north of downtown (today Uptown Dallas).

The city representative who helped Bertha get her business license collected donations for the nursery such as sheets, cribs, blankets, infant clothes, and diapers. As Bertha's business grew, she made improvements, purchasing a washer and drier for the facility, installing central heat, and hiring several helpers. *Mason's Lullaby* offered 24-hour, seven-days-a-week daycare for working mothers, and served as many as 40 infants. This much-needed service helped many single-mothers secure employment, keeping them off the government's Welfare system.

²⁵ Interview with Bertha Baker conducted by Vanessa Baker, May 2008.

²⁶ Ibid.

Prior to the 1950s, the City of Dallas city directories did not include most African American businesses. *Mason's Lullaby Nursery* was not listed in the City Directory until 1951. Bertha (Mason) was listed as the proprietor.²⁷

In 1950 Bertha Mason and James L. Baker married. Bertha continued to operate the nursery. James owned an independent cab that served the African American community, and in 1949, he owned and operated *Baker's Music Company*, the only African American enterprise that placed juke boxes in both African American and White cafes in the city. Bertha and James lived at 2714 Cochran until 1951, when they purchased the *Good Samaritan* from Martha Schultze.

Along with other major cities across the South in the 1940s and '50s, Dallas' turbulent racial inequality gained national attention as the Separate-but-Equal (Jim Crow) Law was challenged. South Dallas was one of the areas targeted for change. As Blacks moved to what had been an all-white community, some residents were not receptive. Over an 18-month period from 1950 to the summer of 1951, a band led by 42-year-old clothes presser Claude Thomas Wright took deliberate measures to keep the all-white neighborhood segregated. The group was later exposed for bombing several African American-owned homes in South Dallas. Wright admitted to taking part in five of the attacks.²⁸

Piqued by curiosity, James and Bertha drove to see Claude Wright's home. Next door stood a sign, 'For Sale.' It was in the front yard of the former Good Samaritan Hospital that had become a newly converted apartment complex. Undaunted, the Bakers bought the building, closing the deal the day before Bertha gave birth to her fourth child, VonCiel.

The Bakers applied for a license to operate the *Baker Residential Hotel* to provide efficiency apartments and single-rooms for African Americans in Dallas. Dallas' African American demography supported the need for such residential facilities. According to the U.S. Census, the total population for the city had reached 612,500 citizens. Of that number, 82,922 were *Negro* residents, many of whom needed residential options.²⁹

The Bakers received their license for the *Baker Residential Hotel* at 4526 Leland Avenue from the City of Dallas in 1951. This African American business operated next door to Claude Wright, the lead bomber. In regards to his manner, Bertha would recall that "Mr. Wright, ironically, became the best neighbor."³⁰ Wright would occupy his property for another year before moving.

James and Bertha reared six children: Cornelius, James' son from a previous marriage; Velorian; Vetia; James, Jr.; VonCiel; and Vanessa. Bertha was not granted a license to operate *Mason's Lullaby* out of the *Good Samaritan* facility, but James continued the *Baker's Music Company* until 1964, when the couple divorced. Just as the former owner Ernest Schultze deeded the Good Samaritan

²⁷ City of Dallas City Directory, (1951).

²⁸ DallasNews.com Historical Archives-1885-1977, *Suspect Tells Officers of Part in Bomb Plot*, 1951-07-14, p3.

²⁹ U.S. Census Bureau, Table 34, Vol. 2, Part 43, Page 43-98 of the Standard Metropolitan Area of Dallas, Dallas Public Library.

³⁰ Interview with Bertha Baker conducted by Vanessa Baker, February 2008.

property to Martha, James deeded the *Baker Residential Hotel* to Bertha when they divorced. Bertha Baker was proprietor of the *Baker Residential Hotel* until 2006.

In 1957, Bertha Baker trained to become a Physical Therapist Assistant. She was hired by the Dallas Independent School District and worked until 1971. From there, she went to *Dallas Easter Seal Society*, (then the *Dallas Society for Crippled Children*), to work with small children with physical challenges. For 13 years, she taught children how to walk with the goal of transferring them into mainstream education.

Bertha married Ernest Hilburn in 1977. She retired from *Dallas Easter Seal Society* in 1984 to care for her husband until he passed in 1987. She then began community volunteer work at food and clothes pantries and in missions, shelters, and outreach programs for the homeless. She cooked food for the sick and cared for many cancer patients.

At 94 years old, Bertha still owns the old *Good Samaritan Hospital* structure. Active and independent, she and her daughter Vanessa Baker work to preserve this historic building.

HISTORY OF THE AMERICAN SMALL HOSPITAL MARTHA SHULTZE AND THE GOOD SAMARITAN HOSPITAL

American Hospital care emerged during the early 19th Century as custodial assistance for the ailing poor.³¹ It was rooted in a tradition of British Christian institutions known as almshouses, established during the 10th century as services and residence to support the poor and indigent, old and distressed.³² These institutions appeared in cities and communities to shelter and treat the chronically ill, deprived, and disabled.³³ Privilege society, however, “gave birth and endured illness and even surgery at home.”³⁴ Many well-known hospitals began from the wards of almshouses.

Over the span of approximately 60 years leading to the time of the Civil War—1860s, the characteristics that are present in today’s American hospitals began to evolve. As urbanization, economic expansion and massive immigration evinced, trends in medicine produced “physician-staffed hospitals (Figures 13 and 14), with professional nursing and specialized departments and services...[H]ospitals became symbolic of their new optimism and authority.”³⁵

Prior to the 1920s, all hospitals had functioned with little money. Costs for nurses and staff were minimal, and physicians donated their time. As the urban hospital industry began to affiliate with universities and medical schools, the idea of the hospital evolved into a sophisticated and highly regarded institution. By the 1920s, the field promised hope of successfully treating and curing illnesses. The care of charity patients, thus, became less favorable, and hospitals yielded their services to the prestigiously attractive upper middle class clientele. Though challenged economically,

³¹ National Association of Public Hospitals and Health Systems, (History).

³² Alms houses...All Things British.

³³ Cutter, J. B., MD, *Early Hospital History in the United States*, California State Journal of Medicine, Vol. XX, No. 8.

³⁴ National Association of Public Hospitals and Health Systems, (History).

³⁵ National Association of Public Hospitals and Health Systems, (Emergence of Public Hospitals).

the small public hospitals continued to operate as the almshouses with a commitment to treating the poor. Their meager staffs created a need. These facilities called for trained personnel as they generally functioned with merely nurses. Physicians contributed their services only when necessary (Figure 13).

In the early 1900s, a paper entitled *A Neglected Field of Nursing: The County Almshouses* was presented to the Michigan Association in Kalamazoo, Michigan. It brought attention to the immediate need for “trained nurses to work in these institutions and for pupil nurse education [to prepare student nurses to work] in almshouses.”³⁶ The Michigan State Nurses Association would provide nurses and the Michigan State Federation of Women’s Clubs would provide the salary. A 1907 follow-up editorial in the *American Journal of Nursing* endorsed the alliance between the nurses’ association and the Federation of Women’s Clubs to generate revenue to employ nurses in the almshouses; to monitor almshouse conditions; and to provide pupil nurse education.³⁷ A call for nurses to render scientific and humane care to the indigent aged was also addressed.

Dallas’ 1920 Good Samaritan Hospital was an example of efficient almshouse care. Under the supervision of registered nurse Martha Schultze, it operated without physicians. Yet the Good Samaritan had three registered nurses (Figure 15), two student nurses, and several helpers to care for the general public, charity patients, the aged and the infirm. A community of physicians was on call only when necessary. Good Samaritan also offered a unique service. This community hospital specialized in maternity-related cases. Many of the births within the hospital were to unwed mothers who could not afford medical treatment. Good Samaritan began its operation in 1920 and continued until it closed its doors of service in 1945.

LIVING QUARTERS FOR AFRICAN AMERICANS IN THE 1950s

BERTHA BAKER AND THE BAKER RESIDENTIAL HOTEL

There is little information on the residential options that were afforded to African Americans in the early half of the 1950s. The combined 1941-42/47-48 Dallas Negro City Directory was the sole index of African American businesses. During the seven-year span, the directory lists only eight to 12 hotels for *Negroes* that were possibly accommodations for African American artists and dignitaries that frequented Dallas. The directory also includes a few exclusive apartments for *Negroes*.³⁸ No licensed residential hotel was among the entries. Most African Americans that migrated to Dallas were housed in single rooms of private homes. Relatives, friends, and word-of-mouth were the liaisons for these accommodations.

Dallas’ African American demography supported the need for residential facilities in the 1950. According to the U.S. Census Bureau, the total population (that included all races counted) for the city had reached 612,500 citizens. Of that number, according to Table 34, Vol. 2, Part 43, Page 43-98 of the Standard Metropolitan Area of Dallas, there were 82,922 *Negro* residents.³⁹

³⁶ Ebersole Priscilla, and Touhy, Theris A. *First Almshouses for the Ill in the United States; Geriatric nursing: growth of a specialty.*

³⁷ Ibid.

³⁸ Dallas Negro City Directory, 1941-42/47-48.

³⁹ U.S. Census Bureau, Table 34, Vol. 2, Part 43, Page 43-98 of the Standard Metropolitan Area of Dallas, Dallas

James L. and Bertha Baker took the converted apartment complex (old *Good Samaritan*) and applied for a license to own and operate the *Baker Residential Hotel*. The hotel provided efficiency apartments and single rooms with kitchen and bath accessibility for African Americans who moved to Dallas to obtain better employment.⁴⁰ The *Baker Residential Hotel* at 4526 Leland Avenue is possibly the first licensed residential hotel for African Americans in Dallas. Bertha and James Baker received their license to own and operate the business from the City of Dallas in 1951. When James and Bertha divorced in 1964, James deeded the *Baker Residential Hotel* to Bertha. Bertha Baker was proprietor of the *Baker Residential Hotel*, providing clean and safe living for people in transition, until 2006.

As the community changed, many of the surrounding homes became occupied by grandchildren, great grandchildren and renters. Illegal activity dominated the neighborhood and the *Baker Residential Hotel*, as it was known, closed its doors to occupants. Its name has been changed to *The Baker Estate*, and it is now in transition to reopen as an outreach facility for the community.



Figure 1: Good Samaritan Hospital, (early to mid-1920s).



Figure 2: Good Samaritan Hospital, (mid to late-1920s).

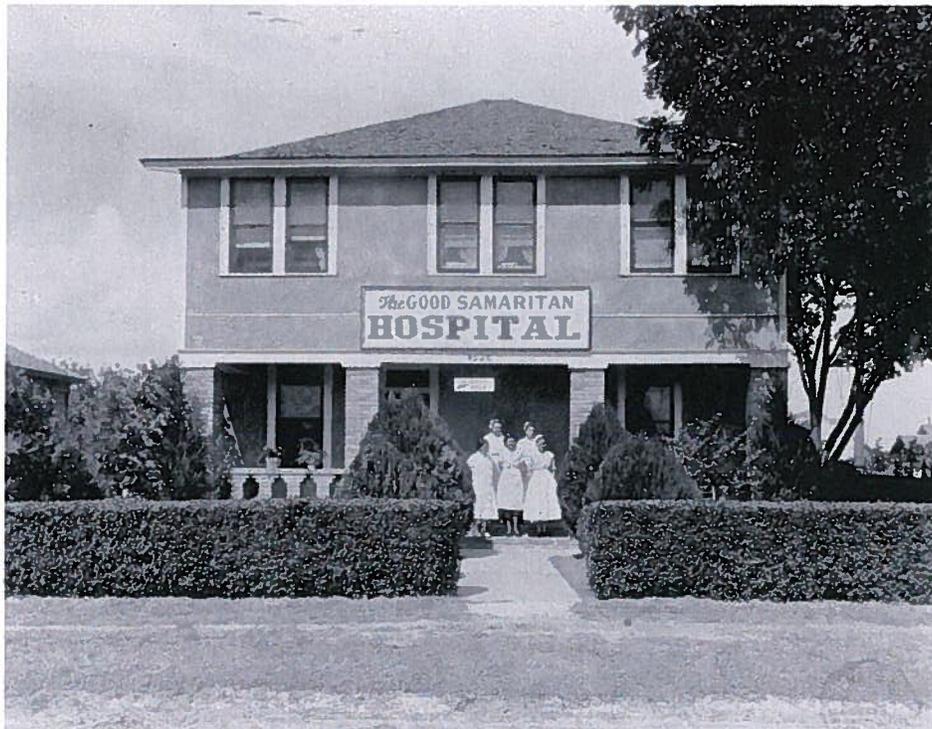


Figure 3: Five Nurses On the Front Porch of Good Samaritan Hospital, (1933).



Figure 4: Venus de Milo Fountain.



Figure 5: Martha and Ernest Walter in front of Good Samaritan Hospital, (early 1930s).

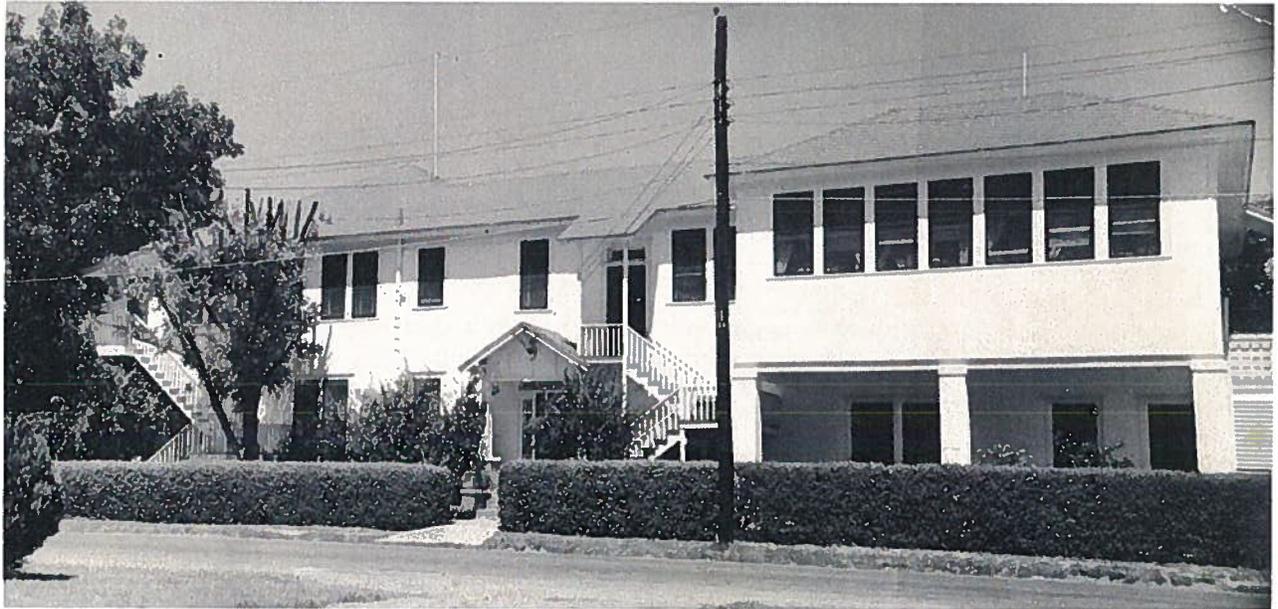


Figure 6: Good Samaritan Hospital, south façade entrance, (post- 1933 addition).



Figure 7: Good Samaritan Hospital, (post-1933 addition).



Figure 8: Martha Schultze.



Figure 9: Martha, her son Ernest Walter, and a nurse, (early 1900s).



Figure 10: Good Samaritan Hospital, northwest corner, (post-1933 addition).



Figure 11: Tina Schultze, age 3, at Good Samaritan Hospital.



Figure 12: Martha Schultze's Citizenship Document.



Figure 13: Doctors' Meeting at Good Samaritan Hospital, (c. 1933).



Figure 14: Dr. Kollie (sometimes spelled Kolly) who worked at Good Samaritan Hospital, (unknown date).



Figure 15: Martha Schultze, Head Nurse Dixie McCaleb, and Nurse Phil at south entrance, (1933).

14. Bibliography

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15. Attachments

District or Site Map _____ *Additional descriptive material*
Site Plan _____ *Footnotes*
Photos (historic & current) _____ *Other:* _____

16. Inventory of Structures-Historic District Only (Page ___ of ___)

Please complete this form for each structure in a proposed historic district

a. Location and Name

b. Development History

Original owner: _____

Architect/builder: _____

Construction/alteration dates: _____

c. Architectural Significance

Dominant style: _____

Condition: _____

Alterations: _____

d. Category

Contributing _____
excellent example of an architectural style that is typical of or integral to the district; retaining essential integrity of design

Compatible _____
supportive of the district in age, style and massing but is not representative of the significant style, period and detailing, or area of significance typical of the district

Non-contributing _____
intrusive; detracts from the character of the district

e. Statement of Significance

17. Designation Criteria

History, heritage and culture: Represents the historical development, ethnic heritage or cultural characteristics of the city, state, or country.

Historic event: Location of or association with the site of a significant historic event.

Significant persons: Identification with a person or persons who significantly contributed to the culture and development of the city, state, or country.

Architecture: Embodiment of distinguishing characteristics of an architectural style, landscape design, method of construction, exceptional craftsmanship, architectural innovation, or contains details which represent folk or ethnic art.

Architect or master builder: Represents the work of an architect, designer or master builder whose individual work has influenced the development of the city, state or country.

Historic context: Relationship to other distinctive buildings, sites, or areas which are eligible for preservation based on historic, cultural, or architectural characteristics.

Unique visual feature: Unique location of singular physical characteristics representing an established and familiar visual feature of a neighborhood, community or the city that is a source of pride or cultural significance.

Archeological: Archeological or paleontological value in that it has produced or can be expected to produce data affecting theories of historic or prehistoric interest.

National and state recognition: Eligible of or designated as a National Historic Landmark, Recorded Texas Historic Landmark, State Archeological Landmark, American Civil Engineering Landmark, or eligible for inclusion in the National Register of Historic Places.

Historic education: Represents an era of architectural, social, or economic history that allows an understanding of how the place or area was used by past generations.

Recommendation

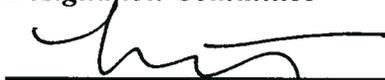
The Designation Committee requests the Landmark Commission to deem this nominated landmark meritorious of designation as outlined in Chapter 51 and Chapter 51A, Dallas Development Code.

Further, the Designation Task Force endorses the Preservation Criteria, policy recommendations and landmark boundary as presented by the Department of Planning and Development.

Date:



Chair 27 July 2011
Designation Committee



Historic Preservation Planner 7/27/11